IN THE CLAIMS:

Please amend the claims as follows:

1. (Currently amended) A rules-based benefit claim pre-adjudication method for maximizing service provider/medical facility administrative and clinical efficiencies comprising ~~the steps of~~:

generating a patient benefits plan at the service provider/medical facility location as defined by provisions for payment coverage under a corresponding contract for the patient;

defining the treatments and conditions of ~~a~~ the patient claim for benefits under the contract;

analyzing the patient claim for benefits ~~to generate~~ for generating a preliminary ~~EOB~~ Explanation-Of-Benefits (EOB) prior to submission for payment by a designated payer and ~~to determine~~ for determining medical necessity protocols as defined by the patient benefit plan and ~~PIC~~ Policy-Issuing-Company (PIC) standards;

verifying compliance of treatments and conditions in the patient claim for benefits with applicable standards;

predetermining monetary allowance for medical services rendered based upon applicable payment schedules; and

submitting the pre-adjudicated patient claim for benefits to ~~a~~ the designated payer in accordance with the patient benefit plan.

2. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 1, further including ~~the step of~~ mapping data elements originating in the medical community to EOB data elements originating in the PIC universe ~~to complete a~~ for completing the patient benefits plan to determine the internal protocols of the PIC.

3. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 2, further including ~~the step of~~ applying coding initiatives defining treatments interactively or batch with the RBS applicable standards ~~to assure~~ for assuring the likelihood of acceptance of a patient claim for benefits for payment.

4. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 3, further including ~~the step of~~ applying medical necessity treatments and diagnoses linkages coding appropriateness interactively or batch with the RBS applicable standard ~~to assure~~ for assuring the likelihood of acceptance of a patient claim for benefits for payment.

5. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 4, further including ~~the steps of~~:

analyzing a PIC-generated EOB for the patient ~~benefit~~ claim ~~for benefits~~ submitted to the designated payor;

identifying treatments and conditions paid at a different rate than that determined in the pre-adjudicated patient claim for benefits submitted;

identifying exception treatments and conditions qualifying for reimbursements in the PIC generated EOB; and

updating the patient benefit plan and rules-based pre-adjudication applicable standards to incorporate the analyzed PIC-generated EOB information ~~whereby~~ such that the rules-based pre-adjudication system is self-regulating.

6. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 5, further including ~~the step of~~ analyzing historical PIC-generated EOBs for other ~~patients~~ patients' claims for benefits under the contract in accordance with the updated patient benefits plan ~~to identify~~ for identifying additional qualifying treatments and conditions not previously claimed and submitted or previously claimed and rejected.

7. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 5, further including ~~the step of~~ analyzing historical PIC-generated EOBs for other ~~patients~~ patients' claims for benefits under the contract by ZIP code ~~to identify~~ for identifying treatments and conditions qualifying for reimbursement for some patients and not other patients within a given patient's benefits plan under the contract, and

submitting to the designated payor a subsequent ~~benefit~~ patient claim for benefits for the unpaid identified treatments and conditions qualifying for reimbursement under the updated patient benefit plan.

8. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 5, further including ~~the steps of~~:

analyzing historical PIC-generated EOBs for other ~~patients~~ patients' claims for benefits under the contract by different ZIP codes ~~to identify~~ for identifying treatments and conditions qualifying for reimbursement for some patients and not other patients within a given patient's benefits plan under the contract;

advising a service provider/medical facility having a potential qualifying ~~benefit~~ patient claim for benefits under the contract for a previous unclaimed or rejected claim for benefits for a patient in the given patient's benefits plan under the contract; and

submitting to the designated payor the potential qualifying ~~benefit~~ patient claim for benefits for reimbursement under the updated patient benefit plan.

9. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 3, including ~~the step of~~ applying Medicare correct-coding initiative to the rules-based adjudication system.

10. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 3, further including ~~the step of~~ applying proprietary benefit plan specific coding initiatives to the rules-based pre-adjudication system.

11. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 3, further including ~~the step of~~ applying insurance company or benefit plan administrator's utilization standards to the rules-based pre-adjudication system.

12. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 3, further including ~~the step of~~ validating benefits plan specific medical necessity coding linkages and rules to the rules-based pre-adjudication system.

13. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 3, further including ~~the step of~~ applying terms and conditions of agreements between a service provider/medical facility and a managed care organization/insurance company to the rules-based pre-adjudication system.

14. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 3, further including ~~the step of~~ re-pricing services rendered at a service provider/medical facility according to a managed care or non-managed care fee schedule.

15. (Currently amended) The rules-based benefit claim pre-adjudication method as defined in claim 1, ~~wherein the step of defining treatments and conditions~~ further including ~~includes the steps of~~:

validating patient's information data content;

applying a proprietary claim editor using a relational database comprising coding tables to identify appropriate procedural and diagnostic codes and applicable linkages.

16. (Currently amended) A rules-based system for pre-adjudication of a benefits claim, ~~said system~~ comprising:

a source of claim data capable of identifying patient demographics and benefits plan coverage;

means at a benefit provider site for accessing the claim data source to capture historical claim data and update patient's current information;

at least one set of pre-adjudication rules corresponding to the type of patient benefits plan coverage under a corresponding contract for the patient; and

audit processing means for validating in accordance with said at least one set of pre-adjudication rules treatments and conditions coding and identifying applicable related treatments and conditions codes corresponding to the patient's diagnosis and prior treatment history ~~to generate~~ for generating a suggested treatment plan to the benefit provider ~~whereby~~ such that treatments are matched with conditions and applicable excluded treatments codes are identified.

17. (Currently amended) The rules-based system for pre-adjudication of a benefits claim as defined in claim 16, ~~wherein said audit processing means~~ further ~~includes~~ including means for comparing, in accordance with said at least one set of pre-adjudication rules, historical PIC-generated EOB results with submitted treatments codes and matched treatments and conditions codes and applicable excluded treatments codes ~~to generate~~ for generating a suggested treatment plan to the benefit provider at a more successful payment rate.

18. (Currently amended) A method for pre-adjudication of benefits claim submission to a payer, said method comprising ~~the steps of~~:

preparing benefits claim data including identifying a patient, an insured covering the patient, benefit policy and plan codes applicable to the patient in a benefit plan under a corresponding contract for the patient and treatments codes corresponding to conditions performed on the patient by a benefit provider;

analyzing the benefits claim data in accordance with at least one set of predefined rules for conformity of claim data elements to a set of pre-established criteria;

validating the treatments and conditions codes specified in the benefits claim data;

verifying that the correct coding initiatives comply with the benefits policy and plan code identified in the benefits claim data preparation step;

valuating each benefit associated with the specified treatments and conditions codes;

reviewing each identified benefit value in accordance with the Policy Issuing Company (PIC) agreement terms and conditions and generating a corresponding acceptance message or correction request message;

forwarding the benefits claim to the Policy Issuing Company (PIC) identified in the benefit claim data preparation step;

presenting the benefits claim to the Policy Issuing Company (PIC) for generation of ~~an~~ a PIC-generated EOB in response to the benefit claim complying with the claim request requirements or in response to provider instructions;

reviewing the PIC-generated EOB to capture remark codes to determine priority of action and generating corresponding trigger messages in response thereto and identifying rule deviations corresponding to benefits claim for payments made and for non-payment of qualifying benefits claim for payment;

updating said at least one set of predefined rules ~~to incorporate~~ for incorporating changes between the benefits claim for payment presented to the Policy Issuing Company (PIC) and the PIC-generated EOB resulting from the review of the PIC-generated EOB ~~review step~~; and

generating messages reflecting priority of benefits claim coding ~~to maximize~~ for maximizing provider reimbursement.